

**ANNUAL REPORT OF OPERATIONS FOR YEAR 2020**  
*Washington Hatchery Permit*

|  |   |
|--|---|
| <b>I. Facility Name:</b><br>Klickitat Salmon Hatchery        | <b>NPDES #</b><br>WAG 130021                    |
| <b>Operator Name (Permittee):</b><br>Yakima Nation Fisheries | <b>Phone:</b><br>509-364-3310                   |
| <b>Address:</b> 301 Fish Hatchery Rd.<br>Glenwood, Wa. 98619 | <b>Fax:</b> 509-364-3639                        |
| <b>Owner Name (if different from operator):</b>              | <b>E-Mail:</b> jayrau@ykfp.org<br><b>Phone:</b> |

|                               |   |
|-------------------------------|---|
| <b>II. Annual Production:</b> | Harvestable weight produced in the year <u>107,601</u> pounds |
|-------------------------------|---|

|                        |   |
|------------------------|---|
| <b>III. Food used:</b> | Number of pounds of food fed to the fish during the maximum month: <u>11,041</u> pounds |
|------------------------|---|

**IV. Noncompliance Summary:**

Include description & dates of noncompliance (including spills), the reasons for such incident, and the steps taken to correct the problem. Attach additional pages, if necessary.

NONE

**V. Best Management Practices (BMP) Plan**

BMP Plan has been reviewed this year? ☒ Yes ☐ No

BMP Plan fulfills the requirements set forth in the permit: ☒ Yes ☐ No

Summarize changes in the BMP Plan since last annual report. Attach additional pages, if necessary.

The BMP was updated and filed at the Klickitat Hatchery July 2020. No changes have occurred since filing.

| <b>VI. Solid Waste Disposal</b>    |                    |  |                       |
|------------------------------------|--------------------|--|-----------------------|
| Type of Solid Waste                | Method of Disposal | When                                     | Where                 |
| Fish mortalite                     | mechanically       | as needed                                | earthen pit/quicklime |
| silt fishwaste                     | mechanically       | as needed                                | pollution abatement   |
| silt, fishwaste from release ponds | mechanically       | march, april, may, june<br>July & August | landfill              |
|                                    |                    |  |                       |

### VII. Fish Mortalities

Include description & dates of mass mortalities (more than 5%/week), the reasons for each incident, and the steps taken to correct the problem. Attach additional pages, if necessary. Include total mortalities from all causes.

| Date                                  | Cause of deaths               | Pounds of fish |
|---------------------------------------|-------------------------------|----------------|
| June, July, Aug.<br>Sept., Oct., Nov. | spawning, mortality & surplus | 13,925         |
|                                       |                               |                |
|                                       |                               |                |

### VIII. Chemical Usage (including drugs and pesticides)

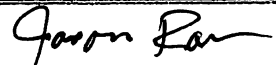
| Date  | Chemicals used, number of days used, and maximum concentration in effluent. | Yearly Total |
|---|---|--------------|
| Jan, Feb, July,<br>Aug, Sept, Oct<br>Nov, Dec | Formalin  | 727          |
| Jan-Dec                                       | MS-222 as needed for anesthetizing fish                                     | 1500 gm      |
| Jan-Dec                                       | Iodophore (1%)  | 45 gal       |
|   |   |              |

### IX. Inspections and Repairs for production and wastewater treatment systems

| Date Inspected | Date Repaired | Description of system inspected and/or repaired |
|----------------|---------------|---|
|                |               | None  |

### X. Signature & Certification

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure the qualified personnel properly gather and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

|  |   |
|--|---|
| Signature:  | Title/Company: complex manager / YKFP KICKSTART SALMON HATCHERY |
|  | Date: 1/7/2021  |

## ANNUAL DISEASE CONTROL CHEMICAL USE REPORT

PERMITTEE NAME/ADDRESS

NAME Yakima Nation Fisheries  
 ADDRESS P.O. Box 157  
Toppenish, Wa. 98948

WAG 130021  
 PERMIT NUMBER

DISCHARGE NUMBER

FACILITY Klickitat Hatchery  
 LOCATION 301 Fish Hatchery Rd. Glenwood, Wa. 98619

| MONITORING PERIOD |      |    |     |    |      |    |     |
|-------------------|------|----|-----|----|------|----|-----|
| FROM              | YEAR | MO | DAY | TO | YEAR | MO | DAY |
|                   | 2020 | 01 | 01  |    | 2020 | 12 | 31  |

| Chemical Used                         | Amount Used | Units       | Notes  |
|---------------------------------------|-------------|-------------|--|
| Terramycin ( 2.0 gm / lb of feed )    | 0           | lbs of feed |  |
| Terramycin ( 4.0 gm / lb of feed )    | 0           | lbs of feed |  |
| Terramycin ( _____ gm / lb of feed )  | 0           | lbs of feed |  |
| Romet 30 ( 2.27 gm / lb of feed )     | 0           | lbs of feed |  |
| ( _____ gm / lb of feed )             |             | lbs of feed |  |
| Erythromycin ( 2.25 gm / lb of feed ) | 0           | lbs of feed |  |
| Erythromycin ( 4.5 gm / lb of feed )  | 0           | lbs of feed |  |
| Erythromycin ( 4.2 gm / lb of feed )  | 0           | gms         |  |
| Amoxicillin                           | 0           | gms         |  |
| Chloramine - T                        | 0           | lbs         |  |
| Formalin ( 37% Formaldehyde )         | 127.34      | gal         | used to treat coho, spring+fall chinook eggs and treat adults prevent fungus |
| Buffered Iodophore ( 1% )             | 45          | gal         | disinfecting   |
| MS-222                                | 1500        | grams       | anesthetizing Fish   |
| Chlorine ( 12.5% )                    | 0           | gals        |  |
| Chlorine ( 5.25 % )                   | 0           | gals        |  |
| Sodium Thiosulfate                    | 0           | lbs         |  |
| Quaternary Ammonia ( 35% )            | 0           | gal         |  |
| Erythromycin Injectable 200ml/L       | 0           | ml          |  |
|                                       |             | ml          |  |
|                                       |             |             |  |

For other chemicals used but not able to be listed on this form, please enclose as an attachment.

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER |  | DATE |    |    |
|--|--|------|----|----|
| <i>Jason Rau</i> complex manager       | <i>Jason Rau</i>   | 01   | 07 | 21 |
| TYPED OR PRINTED<br>JASON RAU          | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | MM   | DD | YY |

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 11 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)